## **Application Data Sheet**

Given Name::

Application Information	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	INTERCONNECTOR FOR COUPLING
	ISO TOP CASTINGS ON CONTAINERS
Attorney Docket Number::	HOVE9A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity

John

Middle Name::

Family Name:: HOVE

Name Suffix::

City of Residence:: Jacksonville

State or Province of Residence:: Florida

Country of Residence:: USA

Street of Mailing Address:: 4012 Turnberry Court

City of Mailing Address:: Jacksonville

State or Province of Mailing Address:: Florida

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 32225

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Jim

Middle Name::

Family Name:: NELSON

Name Suffix::

City of Residence:: St. Augustine

State or Province of Residence:: Florida

Country of Residence:: USA

Street of Mailing Address:: 10500 C.R. 13 North

City of Mailing Address:: St. Augustine

State or Province of Mailing Address:: Florida

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 32092

**Correspondence Information** 

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

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This Application Appln claiming benefit under 35 USC 119(e) 60/449,607 02/26/03

**Foreign Priority Information** 

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information** 

Assignee Name:: BUFFERS USA INC.

Street of Mailing Address:: 10180 New Berlin Road

City of Mailing Address:: Jacksonville

State or Province of Mailing Address:: Florida

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 32226